

FEC  
FORM 3X

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

FEDERAL ELECTION  
COMMISSION  
PUBLIC INFORMATION  
DIVISION

2016 MAY 23 PM 12:09

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

COMMITTEE FOR AN HONEST MEMBER OF CONGRESS

ADDRESS (number and street)

22 PETRILL CIRCLE

Check if different  
than previously  
reported. (ACC)

SACRAMENTO

CA

95822-3281

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

3. IS THIS  
REPORT

NEW  
(N)

OR

AMENDED  
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)

July 15  
Quarterly Report (Q2)

October 15  
Quarterly Report (Q3)

January 31  
Year-End Report (YE)

July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)

Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

06 07 2016

in the  
State of

CA

(d) 30-Day

POST-Election  
Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

05 18 2016

in the  
State of

5. Covering Period

05 12 2016  
04 01 2016

through

05 18 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

STEVEN MARK KOMP

Signature of Treasurer

[Signature]

Date

05 19 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only

FEC FORM 3X  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

COMMITTEE FOR AN HONEST MEMBER OF CONGRESS

Report Covering the Period:

From:

05/12/2016  
04/01/2016

To:

05/18/2016

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand  
January 1,

2016

0

(b) Cash on Hand at  
Beginning of Reporting Period.....

0

(c) Total Receipts (from Line 19).....

10490.00

10490.00

(d) Subtotal (add Lines 6(b) and  
6(c) for Column A and Lines  
6(a) and 6(c) for Column B).....

10490.00

10490.00

7. Total Disbursements (from Line 31).....

5000.00

5000.00

8. Cash on Hand at Close of  
Reporting Period  
(subtract Line 7 from Line 6(d)).....

5490.00

5490.00

9. Debts and Obligations Owed TO  
the Committee (Itemize all on  
Schedule C and/or Schedule D).....

0

10. Debts and Obligations Owed BY  
the Committee (Itemize all on  
Schedule C and/or Schedule D).....

0

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

NOTED ON 10/10/16 BY: 0000000000

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

COMMITTEE FOR AN HONEST MEMBER OF CONGRESS

Report Covering the Period:

From:

04/01/2016

To:

05/18/2016

I. Receipts

COLUMN A  
Total This Period

COLUMN B  
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other  
Than Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL (add  
Lines 11(a)(i) and (ii).....▶

(b) Political Party Committees.....

(c) Other Political Committees  
(such as PACs).....

(d) Total Contributions (add Lines  
11(a)(iii), (b), and (c)) (Carry  
Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other  
Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures  
(Refunds, Rebates, etc.)  
(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made  
to Federal Candidates and Other  
Political Committees.....

17. Other Federal Receipts  
(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account  
(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts  
(subtract Line 18(c) from Line 19).....▶

10490.00

0

10490.00

0

0

10490.00

0

0

0

0

0

0

0

0

0

0

0

10490.00

10490.00

10490.00

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10490.00

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10490.00

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0

0

0

0

10490.00

10490.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

## **II. Disbursements**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

21. Operating Expenditures:  
 (a) Allocated Federal/Non-Federal Activity (from Schedule H4)  
 (i) Federal Share .....

5,000.00

5,000.00

- (ii) Non-Federal Share .....

0

0

- (b) Other Federal Operating Expenditures .....

0

0

- (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....

0

0

22. Transfers to Affiliated/Other Party Committees .....

0

0

23. Contributions to Federal Candidates/Committees and Other Political Committees .....

0

0

24. Independent Expenditures (use Schedule E) .....

0

0

25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) .....

0

0

26. Loan Repayments Made .....

0

0

27. Loans Made .....

0

0

28. Refunds of Contributions To:  
 (a) Individuals/Persons Other Than Political Committees .....

0

0

- (b) Political Party Committees .....

0

0

- (c) Other Political Committees (such as PACs) .....

0

0

- (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....

0

0

29. Other Disbursements .....

0

0

30. Federal Election Activity (52 U.S.C. § 30101(20))

- (a) Allocated Federal Election Activity (from Schedule H6)

- (i) Federal Share .....

5,000.00

5,000.00

- (ii) "Levin" Share .....

0

0

- (b) Federal Election Activity Paid Entirely With Federal Funds .....

~~5,000.00~~

~~5,000.00~~

- (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....

5,000.00

5,000.00

31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..

5,000.00

5,000.00

32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....

5,000.00

5,000.00

20100101 01:01:01 00000000

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/<br>Operating Expenditures                                    | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 1049000                       | 1049000                           |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0                             | 0                                 |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 1049000                       | 1049000                           |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 500000                        | 500000                            |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....                | 0                             | 0                                 |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 500000                        | 500000                            |

NOT FOR CIRCULATION

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Committee for an Honest Member of Congress

Full Name (Last, First, Middle Initial)

A. FRED HUBBSCHER

Mailing Address

924 16TH STREET

City

HERMOSA BEACH CA

State

Zip Code 90254

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self employed

Occupation

Political Consultant

Receipt For:

☒ Primary ☐ General  
☐ Other (specify) n/a

Aggregate Year-to-Date ▼

4990.00

Date of Receipt

05/12/2016

Amount of Each Receipt this Period

4990.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FRED HUBBSCHER

Mailing Address

924 16TH STREET

City

HERMOSA BEACH CA

State

Zip Code 90254

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self employed

Occupation

Political Consultant

Receipt For:

☒ Primary ☐ General  
☐ Other (specify) n/a

Aggregate Year-to-Date ▼

9990.00

Date of Receipt

05/13/2016

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FRED HUBBSCHER

Mailing Address

924 16TH STREET

City

HERMOSA BEACH CA

State

Zip Code 90254

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self employed

Occupation

Political Consultant

Receipt For:

☒ Primary ☐ General  
☐ Other (specify) n/a

Aggregate Year-to-Date ▼

10490.00

Date of Receipt

05/12/2016

Amount of Each Receipt this Period

5000.00

☒ Memo Item

In-kind payment  
for polling services

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

10490.00

10490.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 12

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COMMITTEE FOR AN HONEST MEMBER OF CONGRESS

Full Name (Last, First, Middle Initial)

A. COMPETITIVE EDGE RESEARCH + COMM.

Mailing Address

2170 FOURTH AVENUE

City SAN DIEGO State CA Zip Code 92101

Purpose of Disbursement

Polling Services

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

05 / 12 / 2016

Amount of Each Disbursement this Period

450000

☐ Memo Item

check for invoice 3164

Full Name (Last, First, Middle Initial) COMPETITIVE EDGE

B. ~~COMPETITIVE~~ RESEARCH + COMMUNICATION

Mailing Address

2170 FOURTH AVENUE

City SAN DIEGO State CA Zip Code 92101

Purpose of Disbursement

Polling Services

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

05 / 12 / 2016

Amount of Each Disbursement this Period

50000

☒ Memo Item

In-kind - Fred Huebscher

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

500000  
500010

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 8 OF 12  
FOR LINE 24 OF FORM 3X

|   |  |                                       |  |
|---|--|---------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><i>Committee For AN HONORS MEMBER</i>  |  | FEC IDENTIFICATION NUMBER<br><i>C</i> |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |                                       |  |

|  |  |
|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item                                      | Date of Public Distribution/Dissemination  |
| Mailing Address  | Amount   |
| City State Zip Code  | Date of Disbursement or Obligation   |
| Purpose of Expenditure Category/Type   |  |
| Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input type="checkbox"/> Senate State: <input type="checkbox"/> |
| Calendar Year-To-Date Per Election for Office Sought                                       | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶                             |

|  |  |
|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item                                      | Date of Public Distribution/Dissemination  |
| Mailing Address  | Amount   |
| City State Zip Code  | Date of Disbursement or Obligation   |
| Purpose of Expenditure Category/Type   |  |
| Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input type="checkbox"/> Senate State: <input type="checkbox"/> |
| Calendar Year-To-Date Per Election for Office Sought                                       | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶                             |

|   |   |
|---|---|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶   | 0 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | 0 |
| (c) TOTAL Independent Expenditures.....▶                  | 0 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

Date *05/19/2016*



9 H2

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

Committee For An Honest Member Of Congress

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- ☐ Presidential-Only Election Year (28% Federal)
- ☐ Presidential and Senate Election Year (36% Federal)
- ☐ Senate-Only Election Year (21% Federal)
- ☐ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐

or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %

Nonfederal.....  %

This ratio applies to (check all that apply):

Administrative ☐ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐

n/c This reporting period

**SCHEDULE H2 (FEC Form 3X)**  
**ALLOCATION RATIOS**

*n/c*

PAGE 10 OF 12

NAME OF COMMITTEE (In Full)

*Committee For An Honest Member of Congress*

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

|   |   |  |
|---|---|--|
| <p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p> | <p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p> | <p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p> |
| <p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p> | <p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p> | <p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p> |
| <p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p> | <p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p> | <p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p> |
| <p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p> | <p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p> | <p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p> |
| <p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p> | <p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p> | <p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p> |
| <p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p> | <p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p> | <p>NONFEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p> |

2010-05-11 10:00:10

**SCHEDULE H3 (FEC Form 3X)  
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR  
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

*n/a*

PAGE 11 OF 12  
FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

*Committee For ANTHONY MEMBER CO. CONGRESS*

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

**BREAKDOWN OF TRANSFER RECEIVED**

i) Total Administrative .....

ii) Generic Voter Drive .....

iii) Exempt Activities .....

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Fundraising .....

v) Direct Candidate Support (List Activity or Event Identifier)

a) .....

b) .....

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC) .....

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

20100101 11:01:00 AM

SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY

n/a

PAGE 19 OF 12  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Committee For AN HONEST Member of Congress

|  |  |                                    |  |  |
|--|--|------------------------------------|--|--|
| A. Full Name (Last, First, Middle Initial) |  | <input type="checkbox"/> Memo Item | Allocated Activity or Event:   |  |
| Mailing Address                            |  |                                    | <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt |  |
| City State Zip Code                        |  |                                    | <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support                       |  |
| Purpose of Disbursement:                   |  |                                    | <input type="checkbox"/> Public Comm (ref to party only) by PAC  |  |
| Activity or Event Identifier:              |  | Category/Type                      | Allocated Activity or Event Year-To-Date   |  |
|  |  |                                    | Date   |  |
| FEDERAL SHARE                              |  | +                                  | NONFEDERAL SHARE   |  |
|  |  |                                    | = TOTAL AMOUNT   |  |
|  |  |                                    |  |  |

|  |  |                                    |  |  |
|--|--|------------------------------------|--|--|
| B. Full Name (Last, First, Middle Initial) |  | <input type="checkbox"/> Memo Item | Allocated Activity or Event:   |  |
| Mailing Address                            |  |                                    | <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt |  |
| City State Zip Code                        |  |                                    | <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support                       |  |
| Purpose of Disbursement:                   |  |                                    | <input type="checkbox"/> Public Comm (ref to party only) by PAC  |  |
| Activity or Event Identifier:              |  | Category/Type                      | Allocated Activity or Event Year-To-Date   |  |
|  |  |                                    | Date   |  |
| FEDERAL SHARE                              |  | +                                  | NONFEDERAL SHARE   |  |
|  |  |                                    | = TOTAL AMOUNT   |  |
|  |  |                                    |  |  |

|  |  |                                    |  |  |
|--|--|------------------------------------|--|--|
| C. Full Name (Last, First, Middle Initial) |  | <input type="checkbox"/> Memo Item | Allocated Activity or Event:   |  |
| Mailing Address                            |  |                                    | <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt |  |
| City State Zip Code                        |  |                                    | <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support                       |  |
| Purpose of Disbursement:                   |  |                                    | <input type="checkbox"/> Public Comm (ref to party only) by PAC  |  |
| Activity or Event Identifier:              |  | Category/Type                      | Allocated Activity or Event Year-To-Date   |  |
|  |  |                                    | Date   |  |
| FEDERAL SHARE                              |  | +                                  | NONFEDERAL SHARE   |  |
|  |  |                                    | = TOTAL AMOUNT   |  |
|  |  |                                    |  |  |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

|               |   |                  |   |              |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
|               |   |                  |   |              |

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

|               |  |                  |  |              |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE |  | NONFEDERAL SHARE |  | TOTAL AMOUNT |
|               |  |                  |  |              |

2005 Member of Congress

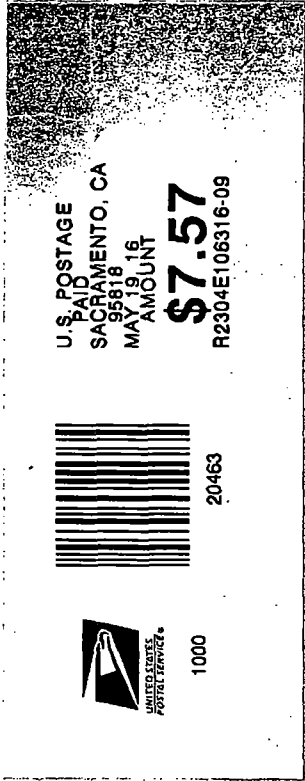
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From Executive Commission


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WASHINGTON DC

20463

Federal Election Commission  
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS  
The FEC added this page to the end of this filing to indicate how it was received.

|  |   |
|--|---|
| <input type="checkbox"/> Hand Delivered                                    | Date of Receipt                                     |
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| <input checked="" type="checkbox"/> USPS Registered/Certified              | Postmarked (R/C)<br>5/19/16                         |
| <input type="checkbox"/> USPS Priority Mail                                | Postmarked  |
| <input type="checkbox"/> USPS Priority Mail Express                        | Postmarked  |
| <input type="checkbox"/> Postmark Illegible                                |   |
| <input type="checkbox"/> No Postmark                                       |   |
| <input type="checkbox"/> Overnight Delivery Service (Specify):             | Shipping Date                                       |
|  | Next Business Day Delivery <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt                                     |
| <input type="checkbox"/> Received from Senate Public Records Office        | Date of Receipt                                     |
| <input type="checkbox"/> Received from Electronic Filing Office            | Date of Receipt                                     |
| <input type="checkbox"/> Other (Specify):                                  | Date of Receipt or Postmarked                       |

  
PREPARER  
(3/2015)

5/23/16  
DATE PREPARED

2016 JUN 10 10:00 AM